



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

PRESBYTERIAN HOSPITAL OF GREEN
PO BOX 201345
ARLINGTON TX 76006-1345

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-98-A676-01

MFDR Date Received

March 5, 1998

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "PER DIEM INVALID"

Amount in Dispute: \$727.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "A review of our records indicates that we have not received or processed a bill from the above mentioned provider for the dates of service listed. Therefore, no dispute exists."

Response Submitted by: Texas Workers' Compensation Insurance Fund, 221 West 6th St., Suite 300, Austin Texas 78701-3403

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Services	Amount In Dispute	Amount Due
October 11, 1997	Outpatient Hospital Services	\$727.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. Former 28 Texas Administrative Code §133.305, effective June 3, 1991, 16 *Texas Register* 2830, sets out the procedures for resolving medical fee disputes.
2. Former 28 Texas Administrative Code §134.1(f) effective October 7, 1991, 16 *Texas Register* 5210, sets out the reimbursement guidelines for the services in dispute.
3. Former 28 Texas Administrative Code §134.801, effective June 1, 1992, 17 *Texas Register* 3250, sets out the procedures for submitting medical bills.
4. Texas Labor Code §413.011 sets forth provisions regarding reimbursement policies and guidelines.
5. The requestor did not submit documentation of any payment exception codes, or of insurance carrier consideration or denial of the disputed services.

Findings

1. Per former 28 Texas Administrative Code §134.801(a), effective June 1, 1992, 17 *Texas Register* 3250, "Submitting bills for payment. The health care provider shall submit all medical bills to the insurance carrier." The respondent's position statement asserts "A review of our records indicates that we have not received or processed a bill from the above mentioned provider for the dates of service listed. Therefore, no dispute exists." Review of the submitted information finds that the disputed date of service is October 11, 1997. Review of the submitted reconsideration letter finds that the dates of service referenced are August 5 through August 11, 1996. The submitted reconsideration letter is not related to the disputed services. No documentation was found to support that a medical bill was submitted to the insurance carrier for consideration of the disputed services. The Division therefore concludes that the requestor has not met the requirements of §134.801.
2. Per former 28 Texas Administrative Code §133.305(b), effective June 3, 1991, 16 *Texas Register* 2830, "the request shall be submitted no earlier than 60 days after the insurance carrier receives the bill from the health care provider." As found above, the requestor has failed to support that the health care provider submitted a bill to the insurance carrier for the disputed services. Therefore, the request for medical fee dispute resolution was submitted earlier than 60 days from the insurance carrier receipt date of the medical bill. The Division concludes that the requestor has not met the requirements of §133.305(b).
3. This dispute relates to outpatient medical services. The services in dispute were not identified in an established fee guideline during the disputed dates of service; therefore, reimbursement is subject to the provisions of 28 Texas Administrative Code §134.1(f) effective October 7, 1991, 16 *Texas Register* 5210, which requires that "Reimbursement for services not identified in an established fee guideline shall be reimbursed at fair and reasonable rates as described in the Texas Workers' Compensation Act, sec. 8.21(b) until such period that specific fee guidelines are established by the commission."
4. The former Texas Workers' Compensation Act section 8.21 was repealed, effective September 1, 1993 by Acts 1993, 73rd Legislature, chapter 269, section 5(2). Therefore, for services rendered on or after September 1, 1993, the applicable statute is the former version of Texas Labor Code section 413.011(b), Acts 1993, 73rd Legislature, chapter 269, section 1, effective September 1, 1993, which states, in pertinent part, that "Guidelines for medical services fees must be fair and reasonable and designed to ensure the quality of medical care and to achieve effective medical cost control. The guidelines may not provide for payment of a fee in excess of the fee charged for similar treatment of an injured individual of an equivalent standard of living and paid by that individual or by someone acting on that individual's behalf. The commission shall consider the increased security of payment afforded by this subtitle."
5. 28 Texas Administrative Code §133.305(d)(7), effective June 3, 1991, 16 *Texas Register* 2830, requires that the request shall include "copies of all written communications and memoranda relating to the dispute." Review of the documentation submitted by the requestor finds that the request does not include a copy of any explanations of benefits, the carrier response to the request for reconsideration, medical records, or other written communications and memoranda pertinent to the dispute. The Division concludes that the requestor has not met the requirements of §133.305(d)(7).
6. 28 Texas Administrative Code §133.305(d)(9), effective June 3, 1991, 16 *Texas Register* 2830, requires that the request shall include "copies of all medical bills, which are disputed, as originally submitted to the insurance carrier." Review of the documentation submitted by the requestor finds that the request does not include a copy of the medical bill as originally submitted to the insurance carrier. Review of the remarks field in box 84 of the medical bill supports that the requestor submitted the bill for the services in dispute to a company that is not related to the insurance carrier in this dispute. The Division concludes that the requestor has not met the requirements of §133.305(d)(9).
7. Review of the submitted documentation finds that:
 - The requestor did not submit a position statement for consideration in this dispute.
 - The requestor has not articulated a methodology under which fair and reasonable reimbursement should be calculated.
 - The Division finds that a reimbursement methodology based upon payment of a hospital's billed charges does not produce an acceptable payment amount. Such a reimbursement methodology would leave the ultimate reimbursement in the control of the hospital, thus defeating the statutory objective of effective cost control and the statutory standard not to pay more than for similar treatment of an injured individual of an equivalent standard of living. It also provides no incentive to contain medical costs. Therefore, a reimbursement of a hospital's billed charges cannot be favorably considered when no other data or documentation was submitted to support that the payment amount being sought is a fair and reasonable reimbursement for the services in dispute.
 - The requestor does not discuss or explain how payment of the amount sought would result in a fair and reasonable reimbursement for the services in this dispute.

- The requestor did not submit documentation to support that the payment amount being sought is a fair and reasonable rate of reimbursement for the disputed services.
- The requestor does not discuss or explain how payment of the requested amount would satisfy the requirements of 28 Texas Administrative Code §134.1.

The request for additional reimbursement is not supported. Thorough review of the documentation submitted by the requestor finds that the requestor has not demonstrated or justified that payment of the amount sought would be a fair and reasonable rate of reimbursement for the services in dispute. Additional payment cannot be recommended.

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation does not support the reimbursement amount sought by the requestor. The Division concludes that this dispute was not filed in the form and manner prescribed under 28 Texas Administrative Code §133.305. The Division further concludes that the requestor failed to support its position that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

	Grayson Richardson	October 18, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.